



**DEPARTMENT OF INSURANCE  
STATE OF ARIZONA**

*Financial Affairs Division - Compliance Section*  
2910 North 44<sup>th</sup> Street, Suite 210  
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**SENIOR RESIDENTIAL ENTRANCE FEE CONTRACT PROVIDER  
ANNUAL AUDITED FINANCIAL REPORT TRANSMITTAL FORM**

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**GENERAL INSTRUCTIONS:**

All registered Senior Residential Entrance Fee Contract Providers are required to file an Audited Financial Report prepared by an Independent Certified Public Accountant **within 180 days following the conclusion of each fiscal year end. THIS TRANSMITTAL FORM MUST BE COMPLETED AND ATTACHED TO THE COVER OF THE AUDITED FINANCIAL REPORT** for filing identification and recording purposes.

**REQUIRED FILING IDENTIFICATION AND RECORDING INFORMATION:**

Provide the Registration Number assigned by this Department and complete name of the Provider whose Audited Financial Report is attached.

**REGISTRATION NUMBER:** \_\_\_\_\_

**PROVIDER'S NAME:** \_\_\_\_\_

**FISCAL YEAR END OF REPORT:** \_\_\_\_\_

**State Provider's Net Worth according to the attached Report: \$** \_\_\_\_\_  
**DO NOT ROUND TO THOUSANDS**

**Answer each question below and provide further information if applicable.**

1. Has this report been prepared in accordance with generally accepted accounting principles?  
**YES or NO** \_\_\_\_\_
2. Is the Auditor's opinion qualified **OR** does the Report contain a statement that the Auditors have substantial doubt about the Provider's ability to continue as a going concern?  
**YES or NO** \_\_\_\_\_
3. Are subsequent events reported in the Notes to Financial Statements?  
**YES or NO** \_\_\_\_\_  
**If YES**, reference the Page Number of the Report: **Page** \_\_\_\_\_

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**PROVIDE THE COMPLETE NAME, TITLE, DATE AND COLLECT OR TOLL FREE TELEPHONE NUMBER OF THE PERSON TO BE CONTACTED FOR QUESTIONS CONCERNING THIS FILING:**

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Type or print name and title

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Date

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Phone